

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Michaud for Congress

ADDRESS (number and street)

213 Lisbon Street

Check if different  
than previously  
reported. (ACC)

Lewiston

ME

04240

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00367821

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

ME

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Lindsay Angerholzer

Signature of Treasurer

Mrs. Lindsay Angerholzer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Michael for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	180500.00
(b) Total Contribution Refunds (from Line 20(d)) .....	10100.00	10600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-10100.00	169900.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15428.54	144014.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	55.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	15428.54	143959.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23366.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	-0.80	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Michaud for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

13750.00

(ii) Unitemized.....

0.00

4000.00

(iii) TOTAL of contributions from individuals ▶

0.00

17750.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

162750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

180500.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

55.67

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

9.49

173.84

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

9.49

180729.51

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15428.54	144014.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2100.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	8000.00	8000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10100.00	10600.00
21. OTHER DISBURSEMENTS .....	10000.00	36500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	35528.54	191114.72

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58885.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9.49
25. SUBTOTAL (add Line 23 and Line 24).....	58894.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35528.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23366.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Michaud for Congress

Full Name (Last, First, Middle Initial)

**A. Always Fresh Larochelle's**

Mailing Address 22 Mill Street

City	State	Zip Code
Auburn	ME	04210

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

362.26
--------

Transaction ID : VN7WG9RZVN4

**B. Equality Maine Foundation**

Mailing Address P.O. Box 1951

City	State	Zip Code
Portland	ME	04104

Purpose of Disbursement  
Event Sponsorship

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : VN7WG9RZTW7

**c. Equality Maine Foundation**

Mailing Address P.O. Box 1951

City	State	Zip Code
Portland	ME	04104

Purpose of Disbursement  
Event Tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : VN7WG9RZTX5

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5762.26

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

## **A. Fairpoint Communications**

Mailing Address PO Box 1939

City State Zip Code  
 Portland ME 04104-5010

Purpose of Disbursement  
 Phone Bill

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 01 / 07 / 2014

Amount of Each Disbursement this Period

7.17

Transaction ID : VN7WG9RZTT1

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Hyatt Hotels**

Mailing Address 71 South Wacker Drive

City State Zip Code  
 Chicago IL 60606

Purpose of Disbursement  
 Lodging

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 02 / 13 / 2014

Amount of Each Disbursement this Period

1150.00

Transaction ID : VN7WG9RZVD1

Category/  
Type

Full Name (Last, First, Middle Initial)

## **c. Martin-Klein Post #133**

Mailing Address Main Street

City State Zip Code  
 Fort Kent ME 04743

Purpose of Disbursement  
 Event Sponsorship

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 01 / 07 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : VN7WG9RZV16

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2657.17



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

**A. Michael H. Michaud**

Mailing Address 3 Birch St

City	State	Zip Code
East Millinocket	ME	04430-1001

Purpose of Disbursement  
Reimbursement for Computer

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2014

Amount of Each Disbursement this Period

1989.10
---------

Transaction ID : VN7WG9RZVH3

**B. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4071

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 07 / 2014

Amount of Each Disbursement this Period

49.55
-------

Transaction ID : VN7WG9RZTV9

**c. Olson Consulting, Inc**

Mailing Address 12 Greenville Street

City	State	Zip Code
Hallowell	ME	04347

Purpose of Disbursement  
Consulting Fee

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 07 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VN7WG9RZTY3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3038.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Michaud for Congress

Full Name (Last, First, Middle Initial)

**A. Olson Consulting, Inc**

Mailing Address 12 Greenville Street

City	State	Zip Code
Hallowell	ME	04347

Purpose of Disbursement  
Consulting Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VN7WG9RZT21

**B. Olson Consulting, Inc**

Mailing Address 12 Greenville Street

City	State	Zip Code
Hallowell	ME	04347

Purpose of Disbursement  
Consulting Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VN7WG9RZV09

**c. United States Treasury**Mailing Address Internal Revenue Center  
PO Box 409101

City	State	Zip Code
Ogden	UT	84409

Purpose of Disbursement  
2013 Income Tax

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

8.27
------

Transaction ID : VN7WG9RZVQ0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3008.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 7600 Montpelier Rd

City	State	Zip Code
Laurel	MD	20723

Purpose of Disbursement  
Cellphone

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

Amount of Each Disbursement this Period

107.03
--------

Transaction ID : VN7WG9RZV90

**B. Verizon Wireless**

Mailing Address 7600 Montpelier Rd

City	State	Zip Code
Laurel	MD	20723

Purpose of Disbursement  
Cellphone

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

107.00
--------

Transaction ID : VN7WG9RZVK9

**C. Verizon Wireless**

Mailing Address 7600 Montpelier Rd

City	State	Zip Code
Laurel	MD	20723

Purpose of Disbursement  
Cellphone

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

107.01
--------

Transaction ID : VN7WG9RZVM7

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

321.04

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

## **A. Veterans of Foreign Wars**

Mailing Address 405 Western Ave #329

City State Zip Code  
 South Portland ME 04106

Purpose of Disbursement  
 Event Sponsorship

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
 02 / 25 / 2014

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7WG9RZVF7

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

15062.74

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

## **A. American Federation of State, County and Municipal Employees**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

Purpose of Disbursement  
Refund Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 13 / 2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : VN7WG9RZV40

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

**A. American Chiropractic Association Political Action Committee**

Mailing Address 1701 Clarendon Blvd

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement  
Refund ContributionCandidate Name  
American Chiropractic Association Political Action Committee

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VN7WG9RZV32

**B. Brotherhood of Locomotive Engineers PAC Fund**

Mailing Address 1370 Ontario St.

City	State	Zip Code
Cleveland	OH	44113

Purpose of Disbursement  
Refund ContributionCandidate Name  
Brotherhood of Locomotive Engineers PAC Fund

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VN7WG9RZV74

**C. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION**

Mailing Address 430 North Michigan Avenue

City	State	Zip Code
Chicago	IL	60611

Purpose of Disbursement  
Refund ContributionCandidate Name  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VN7WG9RZV58

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

**Michaud for Congress**

Full Name (Last, First, Middle Initial)

## **A. Maine Democratic State Committee**

Mailing Address PO Box 5258

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 14 / 2014

City State Zip Code  
Augusta ME 04332-5258

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement  
Contribution

Category/  
Type

Transaction ID : VN7WG9RZVP2

Candidate Name

**Maine Democratic State Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

10000.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Michaud for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Michael H. Michaud**

Nature of Debt (Purpose):

Reimbursement for parking

Mailing Address 3 Birch St

City State

Zip Code

East Millinocket

ME

04430-1001

Outstanding Balance Beginning This Period

-0.10

Transaction ID : VN5Y09H5YB3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-0.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer, State Of Maine**

Nature of Debt (Purpose):

Photocopies

Mailing Address 39 State House Sta

City State

Zip Code

Augusta

ME

04333

Outstanding Balance Beginning This Period

-0.30

Transaction ID : VN5Y09H5XR3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-0.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer, State Of Maine**

Nature of Debt (Purpose):

Photocopies

Mailing Address 39 State House Sta

City

State

Zip Code

Augusta

ME

04333

Outstanding Balance Beginning This Period

-0.40

Transaction ID : VN5Y09H5XS1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-0.40

1) **SUBTOTALS** This Period This Page (optional) ..... ►

-0.80

2) **TOTALS** This Period (last page this line number only) ..... ►

-0.80

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

-0.80